

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

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Submission Type

New
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Document ID#
 Correction of PTO Error
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Corrective Document
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Conveyance Type

Assignment Security Agreement
 License Change of Name
 Merger Other
U.S. Government
(For Use ONLY by U.S. Government Agencies)
 Departmental File Secret File

Conveying Party(ies)

Name (line 1) Durward I. Faries, Jr.

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
12 30 1999

Name (line 2)

Second Party

Name (line 1) Bruce R. Heymann

Name (line 2)

Execution Date
Month Day Year
12 30 1999

Receiving Party

Name (line 1) Medical Solutions, Inc.

Mark if additional names of receiving parties attached

If document to be recorded
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of a domestic
representative is attached.
(Designation must be a
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Assignment.)

Name (line 2)

Address (line 1) 3901 Centerview Drive

Address (line 2) Suite W

Address (line 3) Chantilly

City

Virginia

State/Country

20151

Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Correspondent Name and Address

Area Code and Telephone Number

301-424-3640

Name Stuart B. Shapiro

Address (line 1) Epstein, Edell & Retzer

Address (line 2) 1901 Research Boulevard

Address (line 3) Suite 400

Address (line 4) Rockville, Maryland 20850

Pages

Enter the total number of pages of the attached conveyance document
including any attachments.

2

Application Number(s) or Patent Number(s)

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

09/419,664

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

Patent Cooperation Treaty (PCT)

PCT

PCT

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Enter PCT application number

only if a U.S. Application Number

has not been assigned.

PCT

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Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00

Method of Payment:

Deposit Account

Enclosed

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: # 05-0460

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Stuart B. Shapiro

Name of Person Signing

Stuart B. Shapiro

Signature

1/17/2000

Date

RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLY

Conveying Party(ies)

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Execution Date
Month Day Year
12 30 1999

Name (line 2)

Execution Date
Month Day Year

Name (line 1)

Execution Date
Month Day Year

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Execution Date
Month Day Year

Name (line 1)

Execution Date
Month Day Year

Name (line 2)

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Address (line 3)

City

State/Country

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Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

City

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Zip Code

Application Number(s) or Patent Number(s)

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Patent Application Number(s)

Patent Number(s)

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